



Setti D. Warren

Mayor

Dori Zaleznik, Commissioner

dzaleznik@newtonma.gov

1294 Centre Street

Newton, MA 02459-1544

617-796-1420

Fax

617-552-7063

**PRACTITIONER OF REFLEXOLOGY OR ASIAN BODYWORK
APPLICATION FOR LICENSE RENEWAL**

DATE: _____

NAME: _____ TELEPHONE #: _____

HOME ADDRESS: _____

STREET

CITY/TOWN

STATE

ZIP CODE

EMPLOYED AT: _____

PHONE #: _____ ADDRESS: _____

ARE YOU NATIONALLY CERTIFIED? YES: _____ NO: _____

TYPE OF CERTIFICATION _____ NUMBER _____

ARE YOU LICENSED IN ANY OTHER CITY OR STATE? YES: _____ NO: _____

IF THE ANSWER TO THE ABOVE IS YES, PLEASE COMPLETE THE FOLLOWING:

CITY OR STATE WHERE LICENSED: EXPIRATION DATE:

APPLICATION FEE OF \$75.00 MADE PAYABLE TO THE CITY OF NEWTON
PURSUANT TO M.G.L. CHAPTER 62C, SECTION 47A, I CERTIFY UNDER THE
PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF,
HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED
UNDER LAW.

SOCIAL SECURITY NUMBER_____
SIGNATURE OF APPLICANT

FOR YOUR CONVENIENCE THE HEALTH AND HUMAN SERVICES DEPARTMENT
IS OPEN ON TUESDAY EVENINGS UNTIL 8:00 P.M.